

Application for Employment – Town of Branford



Town of Branford
Department of Human Resources
Box 150
1019 Main Street
Branford, Connecticut 06405
(203) 315-0628

EQUAL EMPLOYMENT OPPORTUNITY

THE TOWN OF BRANFORD IS AN EQUAL OPPORTUNITY EMPLOYER. THIS MEANS THAT ALL APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, SEX, MARITAL STATUS, PREGNANCY, SEXUAL ORIENTATION, THE PRESENCE OF NON-JOB-RELATED MEDICAL CONDITION OR DISABILITY, VETERAN STATUS OR ANY OTHER LEGALLY PROTECTED CLASS.

The Application must be completed fully and accurately, even if a resume is attached, and must bear an original signature. Any applicant who provides false information will be subject to disqualification.

Position Applying for:

_____ Date Available _____

Full Time: _____ Part Time: _____

Name: _____
First MI Last

Address: _____

Town: _____ State/Zipcode _____

Telephone (home) _____ Work _____

Pager/Cell: _____ Email: _____

Social Security # _____

Referral Source _____

Personal Information:

Are you legally eligible for employment in the United States? YES () NO ()

Are you of legal age to work? YES () NO ()

Are you requesting any accommodation to complete the application process? YES () NO ()
If yes. Please explain?

Have you ever been employed by the Town of Branford? YES () NO ()

Is any member of your immediate family now employed by the Town of Branford?

YES () NO () If Yes, Name _____

Are you currently employed? YES () NO () If yes, may we inquire of your present employer?

YES () NO ()

Employment Information:

Are you physically and mentally able to perform the essential functions of the job applied for? YES () NO ()

If no, is there any accommodation that would allow you to perform this job? YES () NO ()
If yes, please explain?

Can you work overtime? YES () NO ()

Can you work overtime without prior notice? YES () NO ()

Have you ever been convicted of a felony or misdemeanor? YES () NO ()

If Yes, please list felonies and misdemeanors and explain.

NOTE: The applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes sections 46b-146, 54-76o or 54-142a. The applicant is not required to disclose the existence of criminal records that are subject to erasure pursuant to Connecticut General Statutes sections 46b-146, 54-76o and 54-142a which are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon. The applicant is not required to disclose the existence of criminal records that have been erased pursuant to Connecticut General Statutes sections 46b-146, 54-76o or 54-142a since the applicant shall be deemed to have never been arrested within the meaning of the general statutes with respect to these proceedings so erased and may so swear under oath.

Educational History:

	Elementary	High School	College	Trade School	Other
School Name					
Years Completed					
Diploma/Degree Received?					
Subjects Studied					

Describe specialized training, apprenticeship, skills or extra-curricular activities that relate to the position for which you are applying (omit any activities that would disclose your race, religion or other protected class):

Driver Information:

Certain positions with the Town of Branford require employees to drive. If you are applying for a position which requires driving, please answer the following:

Do you have a valid driver's license? Yes () No ()

If Yes - license no. _____ State _____ Expiration date _____

Do you have a CDL? Yes () No () If yes, Class A or B? _____ and Number _____.

Has your license ever been revoked or suspended? Yes ____ No ____

Other Licenses or Skills:

Typing skill (if applicable) _____ WPM

Computer skill (if applicable) list all computer systems and programs you are proficient in:

List office equipment you can operate (if applicable)

Heavy equipment which you can operate (if applicable) _____

Employment History - DO NOT LEAVE BLANK

List below your employment history. Start with your most recent employer first. Attach an additional sheet if necessary.

Current/Most recent Employer: _____ From: _____ To: _____

Address: _____ Phone: _____

Name & Title of Supervisor: _____ May we contact? _____

Your Title: _____ Salary \$ _____

Duties: _____

Reason for Leaving: _____

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Your Title: _____ Salary \$ _____

Duties: _____

Reason for Leaving: _____

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References

Name	Title	Relationship	Telephone	Nu of Yrs

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APPLICANT'S CERTIFICATIONS AND AGREEMENTS

TO ALL APPLICANTS: PLEASE READ THIS SECTION CAREFULLY AND SIGNIFY YOUR UNDERSTANDING BY SIGNING YOUR NAME IN THE SPACE PROVIDED.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge. I understand that any falsification or material omission of fact on this application shall lead to refusal of employment or dismissal from employment. I authorize any investigation into the statements I have made in this application as necessary to arrive at an employment decision. In consideration of my employment, I agree to conform to the rules, regulations and policies of the Town of Branford.

I authorize representatives of the Town of Branford to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background. I authorize my previous employers, references, and persons with knowledge of my work history and background to provide pertinent information to the Town of Branford and hereby release all such persons and waive any and all claims, demand or causes of action whatsoever, in connection with the request for release of such information. I also voluntarily agree to submit to any lawful security examination or investigation as a condition precedent to employment or at any time during my employment. I hereby release the Town of Branford, its agents and employees from any liability resulting from or in connection with the results or use of the results of any of the above described examinations, reference checks and investigations.

I understand that, as a condition precedent to employment, the Town of Branford conducts thorough background checks (which may include a check of my criminal history) on prospective employees. I agree that, if contacted with respect to such background check, that I will fully cooperate and provide any information requested. I understand that, as a condition of my consideration for employment with the Town of Branford, or as a condition of my continued employment with the Town of Branford, the Town of Branford may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to the Town of Branford's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, the Town of Branford will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the Town of Branford. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

As a condition precedent to employment, I voluntarily consent to a controlled substance test in accordance with applicable law and understand that a positive and properly confirmed drug test for controlled substances or refusal to submit to a drug test is grounds for denial or termination of employment. I also voluntarily consent to a pre-employment medical examination conducted at the request of the Town of Branford. I understand that the results of these medical examinations and tests will be provided to the Town of Branford.

I have read, understand and agree to the foregoing.

APPLICANT'S SIGNATURE

DATE

PLEASE PRINT NAME

SOCIAL SECURITY NUMBER